U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7940	2. Fiscal Year Covered From:		
	1 / 1 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Joseph Heisler, Jr.	Name IBEW Local Union 569		
	Labor Organization File Number 034-254		
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 4545 Viewridge Ave., #100	Street 4545 Viewridge Avenue, #100		
City San Diego	City San Diego		
State California ZIP Code + 4 92123-1633	State California ZIP Code + 4 92123-1633		
5. Position in labor organization. President			

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including	trade name, if any).	7.a. Nature of Interest. Transaction, or Income.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
		7.b. Amount.	
Street			
City			
State	ZIP Code + 4		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Shows Clour)_	On	04/20/2006	858-569-8900
		Date	Telephone Number

Name of Person Filing	Joseph	Heisler, Jr.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name San Diego Electrical H&W Trust X a. Labor Organization Trade Name, if any: b Trust P.O. Box, Bldg., Room No., if any PO Box 231219 c. Employer Street San Diego City State California ZIP Code + 4 92194 - 1219 11.a. Nature of such dealing, 10. If 9.b. or 9.c. is checked give trust or employer's name. Appointed by IBEW Local 569 as a labor Trustee. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. \$0 City 12.a. Nature of interest held or income received. Expenses for required attendance at scheduled Board ZIP Code + 4 State of Trustees meetings and educational conferences for Trustees sponsored by the International Foundation of Employee Benefit Plans. \$1,570 12.b. Amount.

 Name and address of Employer or (including trade name, if any). 	Labor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

Name of Person Filing Joseph Heisler, Jr.

File Number U-

Part B Continuation Page

8. Name and address of Busin	ess (including trade name, if any).	9. Business deals with:	
Name San Diego Electrical Pension Trust		x a. Labor Organization	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if	any PO Box 231219	b. Trust	
Street		c. Employer	
City San Diego			i
State California	ZIP Code + 4 92194		
10. If 9.b. or 9.c. is checked give	trust or employer's name.	11.a. Nature of such dealing.	
Name		Appointed by IBEW Local 569 as a labor 7	Trustee.
Trade Name, if any:			
P.O. Box, Bldg., Room No., if a	nny		
Street			
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0
		12.a. Nature of interest held or income received.	
		Expenses for required attendance at sche of Trustees meetings and educational confor Trustees sponsored by the Internation Foundation of Employee Benefit Plans.	iferences
		12.b. Amount.	\$1,570

Name of Person Filing Joseph Heisler, Jr.

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name San Diego Electrical Pension Trust	✓ a. Labor Organization
Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 231219	b. Trust
Street	c. Employer
City San Diego	
State California ZIP Code + 4 92194	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Appointed by IBEW Local 569 as a labor Trustee.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received.
	Lost wages and fringe benefits for attendance at Trustees meetings and educationalo conferences.
	12.b. Amount. \$152

Name of Person Filing	Joseph	Heisler	.TΥ
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File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name San Diego Electrical H&W Trust	★ a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any PO Box 231219	
Street	c. Employer
City San Diego	
State California ZIP Code + 4 92194	
0. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Appointed by IBEW Local 569 as a labor Trustee.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received.
	Lost wages and fringe benefits for attendance at Trustee meetings and educational conferences.
	12.b. Amount. \$403

Name of Person Filing Joseph Heisler, ${\tt Jr.}$

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name San Diego Electrical Training Trust	★ a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 4675 Viewridge Ave, #D	c. Employer
City San Diego	
State California ZIP Code + 4 92123	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Appointed by IBEW Local 569 as a labor Trustee.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIF Code + 4	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received.
	Reimbursement of lost wages to attend Trust meetings.
	12.b. Amount. \$244

Name of Person Filing Joseph Heisler, Jr.

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
8. Name and address of Business (including trade name, if any). Name San Diego Electrical Training Admin. Corp. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4675 Viewridge Ave., #D City San Diego State California ZIP Code + 4 92123 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	 a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Appointed by IBEW Local 569 as a labor Trustee.
P.O. Box, Bldg., Room No., if any	
Street	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received. Meals provided at Trustee meetings.
	12.b. Amount. \$57

Name of Person Filing Jose	h Heisler,	ữr.	File Number U-
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name San Diego Electrical Training Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust
Street 4675 Viewridge Ave., #D City San Diego	c. Employer
State California ZIP Code + 4 92123	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Attendance at annual graduation ceremony.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received.
	Ticket to annual graduation ceremony
	12.b. Amount. \$50